

FSA-211-1

(04-18-96)

U.S. DEPARTMENT OF AGRICULTUREFarm Service Agency
Commodity Credit Corporation
Federal Crop Insurance Corporation**POWER OF ATTORNEY FOR HUSBAND AND WIFE**

(A) _____ and (B) _____ of
(C) _____, (D) _____ County, State
of (E) _____, hereby appoint one another as the attorney in fact for the other
and grant unto the other full authority to execute and perform all necessary acts in connection with all agricultural programs of the:

(F) **FSA and CCC** ☐(G) **FCIC** ☐

The undersigned grant to each other full authority, including access to necessary FSA, CCC and FCIC records, to complete transactions.

This Power of Attorney shall remain in full force and effect and is valid in any County in the United States until:

- notice of the death of either of the undersigned
- written notice of revocation by either of the undersigned to FSA.

Note: If used for FCIC, this Power of Attorney shall remain in effect until written notification is provided by either of the undersigned to the applicable crop insurance agent.

- a final divorce decree is granted.

This power of attorney is signed and dated at (H) _____, this
(I) _____ day of (J) _____, 20 _____.

(K) Authorized Signatures

1. Signatures:

2. Social Security Number(s):

3. Witnesses' Signatures (FSA Employees):

4. Position(s):

5. ACKNOWLEDGEMENT: (If not witnessed by employee of FSA, this form must be acknowledged by Notary Public.)

A. State of: _____

B. County of: _____

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

COUNTY OFFICE COPY ☐HUSBAND'S COPY ☐WIFE'S COPY ☐FCIC COPY ☐

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is The Federal Agriculture Improvement and Reform Act. The information will be used to legally document your opinion to appoint an attorney in fact, identify the appointee, and the authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the authority to have an individual or entity act as your attorney in fact will not be granted. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0190. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**